

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS  
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 CV 1992

JOANNE BLECK,  
Plaintiff,

v.

BAXTER HEALTHCARE  
CORPORATION, Defendant.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:  
BAXTER HEALTHCARE CORPORATION

NAME (Type or print) Ada W. Dolph	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Ada W. Dolph	
FIRM Seyfarth Shaw LLP	
STREET ADDRESS 131 S. Dearborn Street, Suite 2400	
CITY/STATE/ZIP Chicago, IL 60603	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6282765	TELEPHONE NUMBER (312) 460-5000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	

**CERTIFICATE OF SERVICE**

I, Ada W. Dolph, an attorney, do hereby certify that I have caused a true and correct copy of the foregoing **Notice of Attorney Appearance** to be served upon the following, by the Court's electronic case filing (ECF) system on this 9th day of June, 2008:

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s/Ada W. Dolph